



**USAID** | **EL SALVADOR**  
FROM THE AMERICAN PEOPLE

## **STRATEGIC OBJECTIVE No. 519-003**

**“HEALTH OF SALVADORANS,  
PRIMARILY WOMEN, YOUTH  
AND CHILDREN, IMPROVED”  
1997 - 2005**

## **CLOSE-OUT REPORT**

**USAID EL SALVADOR  
Health Office  
Complejo Embajada Americana  
Blvd. y Urb. Santa Elena  
Antiguo Cuscatlán, La Libertad  
El Salvador, Centro América**

## **Strategic Objective Close-out Report**

**SO Name:** Health of Salvadorans Primarily Women, Youth and Children, Improved

**SO Number:** 519-003

**Approval Date for Strategy:** June 17, 1996

**Approval Date for SO:** August 7, 1997

**Performance Period:** August 7, 1997 to September 30, 2005

**Country:** El Salvador

### **I. BACKGROUND**

Although El Salvador's health system had improved after years of civil war, serious inequalities between urban and rural areas existed by June 17, 1996, when USAID's new health strategy was approved. Maternal and child morbidity and mortality rates were high, mainly due to preventable causes such as respiratory infections and diarrhea disease. Rural Salvadorans lacked access to adequate health care, especially preventive maternal and child health services, water and sanitation services and proper hygiene practices.

On June 7, 1996, Strategic Objective (SO) No, 519-003 "Sustainable Improvements in Health of Women and Children" was approved under USAID/El Salvador 1997 – 2002 Strategy "Sustainable Development and Democracy in El Salvador." On April 2, 1997, the Mission Director approved Results Package "Increased Access to Potable Water and Sanitation Systems" to finance \$9.755 million for water and sanitation activities. Subsequently, on August 7, 1997, three other results packages (RP) were approved under the SO No. 519-003 at a funding level not to exceed \$53,930,000 for the period 1997 through 2002. These RPs were an integral part of the USAID's 1997 - 2002 health strategy. Thus the SO 519-003 framework comprised four RPs: "Increased use of appropriate child survival practices and services," "Increased use of appropriate reproductive health practices and services," "Enhanced policy environment to support sustainability of child survival and reproductive health programs" and "Increased Access to Potable Water and Sanitation Systems."

USAID, one of the largest donors in primary health care in El Salvador, designed its strategy (1997-2002) to address inequities in the health care system and improve reproductive and child health by increasing the quality of and access to reproductive health and child survival services by the rural poor and by improving the policy framework and strengthening the institutions that support these services. The strategy directly supported the Government of El Salvador's (GOES) process of health care reform, which placed an emphasis on improving maternal and child health care. In the

FY2003 Results Review and Resource Request (R4) document, USAID/El Salvador requested LAC/W approval of a two-year extension to the Strategy, from September 30, 2002, to September 30, 2004, in light of the workload associated with the response to the 2001 earthquakes in El Salvador. The Mission planned to bring most of the activities to close late in FY 2004 or by June 2005. On March 15, 2005, this SO as well as the other three core SOs were extended through September 30, 2005.

## **II. SUMMARY OF OVERALL IMPACT**

The purpose of the Health SO was to expand and sustain quality health care for infants and children; improve quality and access to reproductive health services and practices, especially for rural women and adolescents; support the Ministry of Health (MOH) efforts to decentralize the planning and management of health services at the local levels; and prevent and control sexually transmitted diseases, including HIV/AIDS. By the end of the program, USAID'S assistance contributed to the following results:

### **Strategic Objective Level:**

- Infant mortality decreased from 35 to 25 deaths among children under the age of one per 1000 live births, surpassing the target of 32.
- Total fertility declined from 3.58 to 2.97 births per woman of reproductive age, surpassing the target of 3.1.
- DPT3 Immunization coverage of children under 5 years of age increased from 65% to 72%, exceeding the target of 68%.
- The percentage of births attended by a skilled birth attendant increased from 58% to 69.4.5% showing an improvement in maternal care, surpassing the target of 63%. This proxy however, does not coincide with the reported increase in maternal mortality from 120 to 173, registered by the Demographic Health Surveys in 1998 and in 2003. The rise in maternal mortality rates is believed due to survey imperfections.

### **Intermediate Result Level:**

- Contraceptive prevalence increased from 59.7% to 67.3% of women in union using some form of contraception, exceeding the target of 64%.
- Provided a total of 3,300,906 Couple Years of Protection (CYPs). The annual targets for CYPs were exceeded in the last four years of the strategic period.
- As planned in the targets, all MOH health facilities were implementing the Directly-Observed Treatment Short Course (DOTS) to treat tuberculosis successfully.
- USAID supported decentralization of the MOH into small service delivery units called SIBASI (Integrated Basic Health System) achieving the target of 85% of

decentralized SIBASI by the end of the strategy, up from the 26% measured in 2001.

- Of all families benefited by water and sanitation activities, the percentage that wash their hands increased from 62% to 86%, exceeding the target of 85%.
- 27 water systems and 7,800 latrines were constructed benefiting more than 81,000 people. In 75% of the 27 benefited communities, there was an average reduction of 47.5% in diarrheal diseases in children under 5 years of age.

In addition, the following achievements were accomplished, for which no targets were originally established:

- 9,428 gray water absorption pits were constructed.
- 27 Community Health Committees were formed and trained in tight coordination with the MOH in the 27 communities where water systems were constructed.
- A tuberculosis treatment success rate of 88% was achieved with patients undergoing Directly-Observed Treatment Short Course (DOTS).
- After USAID's HIV prevention intervention with the *Policía Nacional Civil* (PNC), PNC members reporting having had only one sexual partner in the previous 12 months increased from 63% to 70% between 2003 and 2004.
- MOH procurement system was enhanced, reducing the average time it takes to complete procurement processes by 3.5 months.
- Exclusive breastfeeding of children up to 6 months old increased from 16 to 24% between 1998 and 2003.
- Pre-natal care increased from 76% to 86% and post-natal care from 43.3% to 54.2% between 1998 and 2003.
- Neonatal death by asphyxia was reduced from 1.22 to 0.7 per 1,000 live births between 2001 and 2005.

Other Achievements by Implementing Partners:

#### **A. Ministry of Health (MOH)**

A total of 56,441 people of the MOH were trained in different aspects such as child survival, reproductive health, dengue, TB, and HIV/AIDS through USAID's support under this SO.

Reproductive Health: 16,821 people were trained in topics like family planning, contraceptive logistics, obstetrics emergency, prenatal and postnatal care, delivery care, referral systems, and adolescents health.

Child Survival: 14,564 MOH people were trained in breastfeeding, immunizations, IMCI, Integrated Nutrition Care (AIN), IEC strategies, mother-baby package, and perinatal care. USAID also supported the training of 1,900 field personnel in community-based Integrated Management of Childhood Illness (IMCI) and the identification of life-threatening danger signs. Nearly 500,000 children under 3 years of age benefited with child health services.

HIV/AIDS: USAID provided technical assistance, training, equipment and dissemination for an HIV/AIDS hotline to the Ministry of Health. Technical assistance and financing were provided to the MOH for the development and implementation of an HIV/AIDS awareness and prevention campaign at the national level. Organized HIV prevention activities, including peer education and voluntary counseling and testing were provided for more than 6,500 members of the *Policía Nacional Civil* (PNC). USAID played a key role in the Coordinating Committee for El Salvador, CCE, of the Global Fund to ensure the implementation of El Salvador's approved country plan for period 2003-2008 (\$23 million). A total of 603 persons from the MOH were trained in prevention activities, in Voluntary Counseling and Testing (VCT) and in mother-to-child transmission preventive activities.

Tuberculosis: More than 16,000 first grade students nationwide were tested for TB as part of an Annual Risk Infection Study. This study will serve as the basis for the planning of a future country TB strategy. Assistance was provided to carry out the expanded direct-observed treatment short course (DOTS) to all MOH facilities nationwide and to all *Instituto Salvadoreño de Seguro Social* (ISSS) health facilities. USAID assistance also contributed to the achievement of a 85% curative rate as well as an 88% successful treatment rate.

Policy and Reform: USAID support helped strengthen the human resources, financial administration, supply and maintenance systems of the MOH to assure effective decentralization. Assistance was also provided to strengthen the monitoring and evaluation system of the MOH, as well as to develop guides for organization and functioning of the SIBASI. 7,700 people from MOH and other organizations were trained in decentralization, administration and management.

Dengue: A total of 16,393 people from the Ministries of Health and Education were trained in dengue prevention activities.

## **B. The Salvadoran Demographic Association (SDA):**

With USAID support, the SDA opened three pharmacies, carried out more than 24,000 fund raising activities, purchased specialized new medical equipment, remodeled three clinics, opened five laboratories, improved its computerized information system, and developed a social marketing, information and promotional campaign. All these activities helped the SDA achieved 96% financial sustainability, allowing it to continue with its own funding to support all its programs, especially the rural health and adolescents reproductive health programs.

In addition, the SDA reached 109,341 new family planning users, thus expanding access to birth planning and spacing for new couples, and provided 600,173 couple years of protection between 1999 and 2005. During this same period, the SDA provided through their clinics 575,017 maternal health care interventions and 63,161 child health care interventions. Also, 245,941 women and 159,165 children were referred by SDA promoters for health care to MOH clinics; and 60,214 adolescents, 207 pregnant adolescents, and 1,131 parents and teachers were reached with reproductive health messages.

### **C. CARE Water and Sanitation for Health (PROSALUD):**

Under this intervention, 27 water systems by gravity or pumping were constructed and 7,800 latrines were installed using the ventilated improved pit (VIP) and/or composting type, benefiting more than 81,000 people in rural communities. Also, solutions for gray water disposal were provided to these communities through the construction of 9,428 absorption pits. Besides the water and sanitation facilities, the program carried out promotion activities, developed intense community organization, and health education interventions. A participatory methodology approach was used to make community individuals and local government authorities active participants in the construction, operation, maintenance and administration of the potable water and sanitation facilities installed.

## **III. SIGNIFICANT CHANGES IN THE RESULTS FRAMEWORK AND SUMMARY OF PERFORMANCE INDICATORS USED**

### **FY 1998 - 2001**

Under the agreement signed between USAID and the Government of El Salvador in 1997, the original SO name was “Sustainable Improvements in Health of Women and Children Achieved” and included the following Intermediate Results (IR):

**IR 1:** Increased use of appropriate child survival practices and services.

**IR 2:** Increased use of appropriate reproductive health practices and services.

**IR 3:** Enhanced policy environment to support sustainability of child survival and reproductive health programs.

**FY 2001 – 2002:** In FY 2001, adjustments were made to the following indicators that were being tracked under the performance monitoring plan; these adjustments did not represent a revision of the strategic plan. Under IR 1, the indicator “Number of Ministry of Health (MOH) units implementing IMCI” was replaced by “Number of health promoters trained in community IMCI.” For IR 3, the indicators “Percent of townships served by MOH-supported health promoters” and “Percent of MOH expenditures allocated to primary care” were deleted and both substituted by the indicator “Number of Integrated Basic Health Systems (SIBASI) developed by the MOH.” The resulting Results Framework included the following indicators:

### **SO-Level Indicators**

1. Maternal Mortality Ratio
2. Percent of Deliveries Attended by MOH-Trained Personnel
3. Total Fertility Rate
4. Infant Mortality Rate
5. Child Mortality Rate
6. Percent of Municipalities Reporting Over 90% Coverage with DPT

### **Intermediate Result-Level Indicators**

#### **IR 1:**

- Rural areas with significant reduction in diarrhea
- Number of rural health promoters trained in community IMCI

#### **IR 2:**

- Percent of pregnant women receiving prenatal services
- Contraceptive prevalence rate
- Couple Years of Protection

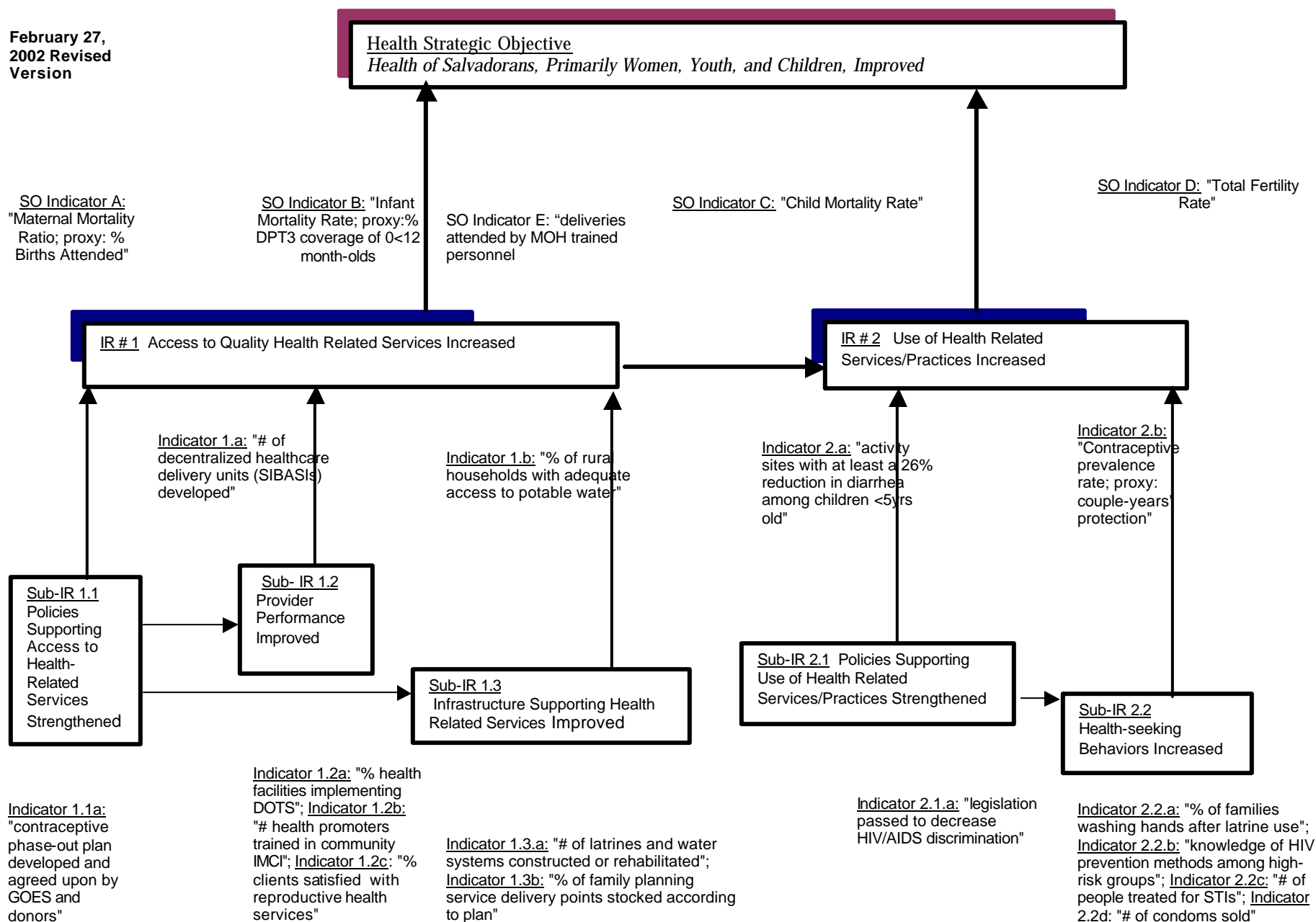
#### **IR3:**

- Number of SIBASIs developed by the Ministry of Health

**FY 2002-2005:** The ability of the Mission's Health SO team to manage performance had been limited by inconsistencies in the SO framework since the beginning of the strategy. Therefore, in FY 2002, the name of the SO was changed to "Health of Salvadorans, primarily Women, Youth and Children, Improved," and other small revisions were made at the IR level. Revisions in the health SO framework did not represent substantive changes in the focus, beneficiaries, activities, funding levels, planned targets or SO-level indicators of the program but were mostly related to changes in SO and IR names to provide more logical consistency to the framework. Revisions at the IR and sub-IR level described better the causal linkages needed to achieve the SO, improving the framework's utility as a communication, planning and management tool. In addition, the Mission added several new indicators at the IR and sub-IR level; no indicators were dropped.

The final SO 519-003 Results Framework follows.

February 27,  
2002 Revised  
Version





## **VI. SUMMARY OF PROGRAMS AND ACTIVITIES IMPLEMENTED UNDER THE SO**

Under the Health SO several integrated activities were carried out by the Ministry of Health, local and U.S. NGOs, and international and other U.S. Government agencies, through a variety of Global Health Bureau field support mechanisms and bilateral, interagency and host country agreements. Activities and interventions under this SO helped to achieve the two SO Intermediate Results, IR 1 “*Access to quality health related services increased*” and IR 2 “*Use of health related services/practices increased.*” The cornerstone of the health program under the SO was the Healthy Salvadorans Activity No. 519-0430 (SALSA), which entailed training, technical assistance and the provision of materials and equipment to the MOH to improve reproductive, maternal and child health; water and sanitation projects; and support for a local family planning NGO.

**Annex A** includes a list of evaluations, assessments and studies conducted during the life of the SO. **Annex B** includes a list of agreements that have been closed per ADS 202.3.10.1. **Annex C** includes the names of individuals directly involved in the planning, achieving, assessing and learning of the SO.

Following is the list of activities supported by USAID through its Health SO. The activities in numerals 1-6 were approved during a previous strategy but ended during the life of the 1997-2005 strategy. Copies of the close-out reports for all these activities are included as **Annex D**.

- 1. Maternal Health and Child Survival (PROSAMI) Project No. 519-0367** with a Life of Project Funding (LOP) of \$34,000,000. This project was approved on July 27, 1990 and ended on December 31, 1998. Close-out report completed on July 28, 1999.
- 2. Family Health Services Project (Salvadoran Demographic Association – SDA) No. 519-0363** with a LOP of \$27,495,533.40. This activity was approved on July 31, 1990 and ended on June 30, 1999. Close-out report completed by SDA in December 1999.
- 3. Health Systems Support (APSISA) Project No. 519-0308** with a LOP of \$77,000,000. Approved on August 27, 1986 and ended on July 31, 2000. Close-out report completed by the MOH in July 2003.
- 4. Displaced and Street Children (PROCIPOTES) Project No. 519-0420** with a LOP of \$1,865,098.26. Approved on September 30, 1994 and ended on December 31, 1998. Close-out report completed on August 9, 1999.
- 5. Public Services Improvement Project No. 519-0320** with a LOP of \$77,679,000. Approved on August 30, 1989 and ended on December 31, 2003. A close-out report for all the components implemented by the GOES, except for the Water and Sanitation (W&S) for Health component, was completed on March 18, 1999. The W&S for Health component was funded at level of \$33,122,727 and implemented by several U.S. NGOs. Under this component activities implemented by three U.S. NGOs through separate cooperative agreements ended in 1997. On April 1, 1998 CARE El Salvador entered into a cooperative agreement with USAID to continue activities under the W&S for Health component (PROSAGUAS). This agreement ended on December 15, 2002. Close-out report completed by CARE in March 2003.
- 6. Healthy Salvadorans (SALSA) Activity No. 519-0430** with a LOP of \$37,547,538. This activity started on July 30, 1998 with an original end date of September 30, 2002, but that was

extended through September 30, 2005. This activity supported interventions with the Ministry of Health, the Salvadoran Demographic Association (SDA), and CARE for provision of potable water and sanitation (PROSALUD). Close-out report completed by the MOH in October 2005. Close-out report completed by CARE in September 2005. Close-out report completed by SDA in September 2005.

## **VII. PRINCIPAL IMPLEMENTING PARTNERS**

### **A) Benefiting Partners in El Salvador during the life of the strategy:**

#### **1. Ministry of Health of El Salvador, MOH**

#### **2. Indigenous NGOs:**

ADS (IPPF affiliate)	AMCS	OEF
FUSAL	ASALDI	ORMUSA
CALMA	ASADE	OPRODE
ASAPROSAR	CIRES	PADECOMSM
AMS	CODECA	PROCADES
ASPS	FUMA	PROGRESO
ADEMUSA	FUNDEPRENS	ASEI
ADHU	FUNDEMUN	ASIPES
AGAPE	FUNDESO	FUNDAC
CODECOSTA	IDEA	KNAPP
CODELUM	COMUS	COSDECSAM
FASTRAS	CONAMUS	DIOCESIS DE ZACATECOLUCA

#### **3. Legislative Assembly**

#### **4. National Civilian Police**

#### **5. National Secretariat of the Family**

#### **6. Former Ministry of Planning**

#### **7. Salvadoran Social Security Institute**

#### **8. Several local private universities**

#### **9. National University**

### **B) Other Partners that provided technical assistance to the agencies listed in A above, including international and bilateral agencies:**

#### **Field Support Partners:**

##### **1. Abt. Associates - PHR+**

##### **2. Partnerships for Child Health - BASICS I and II**

##### **3. International Science and Technology Institute – MOST**

##### **4. Academy for Educational Development (AED) – CHANGE and LINKAGES**

##### **5. University of North Carolina and IntraHealth - PRIME I and II**

##### **6. The Futures Group – SOMARC II, POLICY and *Proyecto Acción SIDA de Centro-America* - PASCA**

##### **7. John Snow, Inc. – DELIVER**

##### **8. Family Health International (FHI)**

9. Contraceptive Logistics, Macro – MEASURE
10. LTG Associates - PopTech
11. Population Council – FRONTIERS
12. Tuberculosis Coalition for Technical Assistance (TBCTA)

**Contractors/Recipients:**

1. Cooperative for Assistance and Relief Everywhere (CARE)
2. Clapp and Mayne
3. Booz Allen & Hamilton
4. Management for Sciences in Health (MSH)
5. Management Sciences Corporation International (MSCI)
6. Cambridge Consulting Corporation (CCC)
7. Pan-American Social Marketing Organization (PASMO)

**Other U.S. Government Agencies:**

1. Peace Corps
2. Centers for Disease Control and Prevention (CDC)

**Other Donors/Partners:**

1. Pan American Health Organization (PAHO)
2. United Nations Fund for Population Activities (UNFPA)
3. Interamerican Development Bank (IDB)
4. World Bank (WB)
5. German Cooperating Agency (GTZ)
6. Japan International Cooperating Agency (JICA)
7. United Nations International Fund for Children (UNICEF)

## **VIII. PROSPECTS FOR LONG-TERM SUSTAINABILITY**

The sustainability of the Healthy Salvadorans Program and other activities funded under this SO is the most important legacy of the strategic objective. Listed below are gains in a number of areas that USAID expects will be sustained over the long-term.

- IMCI and AIN have been incorporated into the MOH's strategy and will continue to be supported under USAID's new strategic objective (2005-2009). These programs have also been incorporated into the curricula of some Salvadoran medical and nursing schools.
- USAID supported an effective logistics system for micronutrients distribution which the MOH is using nationwide.
- Patient-(especially adolescent) friendly services and adolescents' peer to peer approach to reproductive health, concepts promoted by USAID and its implementing partners, have been adopted by the MOH throughout its facilities.

- A nationwide maternal mortality surveillance system was implemented with USAID support and currently is being used throughout the country. USAID will continue to provide technical assistance to ensure optimum functioning.
- A nationwide perinatal information system was created with USAID assistance under the 1998-2005 strategy. The MOH has adopted this system for all hospitals and has assigned a person full time to monitor its implementation.
- The MOH is replicating USAID's initiative of developing community birth plans to increase the number of skilled deliveries in other SIBSASI not supported under the 1997-2005 health strategy.
- Initially designed and implemented in 7 SIBASIs with USAID support, the MOH has decided to implement its nutrition surveillance system nationwide.
- The MOH has fully adopted and assigned personnel to follow up on the USAID supported Contraceptive Logistics System for the management, distribution and information of contraceptive needs. In addition, the MOH has been increasing its commitment to and the absorption of the costs for the purchase of its contraceptive needs with GOES funding.
- Water and sanitation systems built by USAID are being managed by USAID-trained community members and maintained through cost recovery mechanisms. The community development approach of USAID's water and sanitation projects implemented by CARE, has been adopted by the GOES water agency (ANDA).
- The MOH will continue to support activities carried out under the community health program supported by USAID, including the hiring of community health personnel.
- USAID will continue to support the MOH's process of modernization under its next strategy. SIBASI operating manuals developed under this SO are still in use, and USAID will continue to provide technical assistance to improve the MOH's human resource, supply management and financial analysis systems.
- HIV/AIDS behavior change activities initiated by USAID with the National Civil Police force are continuing with assistance from the Global Fund for AIDS/TB/Malaria. The National AIDS program currently runs the AIDS hotline.
- The DOTS program, established with USAID assistance, continues as the primary TB treatment program in the country.
- USAID technical assistance resulted in the elaboration of the Ministry of Health's 2005-2009 National Strategic Plan to Reduce Maternal and Perinatal Mortality, which supports many of the interventions undertaken under this SO.

- Improvement of the managerial and administrative systems of the MOH such as human resources, supply management, and procurement, that lead to an effective decentralization will continue being developed and implemented by the Ministry of Health and continue being supported by USAID under the new strategy (2005-2009).

## IX. TOTAL COST OF THE SO

The total approximate value of the Health SO was \$ **148,367,996** and included the following sources of funding:

<b>Total USAID Contribution</b>	<b>\$81,598,000</b>
- USAID Population Account:	\$ 32,639,200
- USAID Child Survival Account:	\$ 48,958,800

### SO 519-003 OBLIGATIONS FROM FY 1997 THROUGH FY 2004 (000)

Activity	FY 97	FY 98	FY 99	FY 00	FY 01	FY 02	FY 03	FY 04	TOTAL
519-0308	600	1,280							1,880
519-0363	3,338	315	625						4,278
519-0367	3,348	1,000							4,348
519-0420	700	200							900
519-0320:	2,656	1,552	2,500	1,583	775	688			9,754
PROSAGUAS					500				500
519-0430		6,890	6,581	8,949	8,399	8,589	9,780	7,125	56,313
Field Support '1/	410	916	500	500	1,099	56			3,481
Peace Corps/SPA			20	20	32	20	27	25	144
<b>TOTAL</b>	<b>11,052</b>	<b>12,153</b>	<b>10,226</b>	<b>11,052</b>	<b>10,805</b>	<b>9,353</b>	<b>9,807</b>	<b>7,150</b>	<b>81,598</b>

1/ Field Support obligated directly to Washington's contracts (not under an activity).

<b>Total Counterpart Contribution/Cost Sharing</b>	<b>\$66,769,996</b>
- MOH Counterpart Contribution:	\$34,238,817
- ADS Cost Sharing:	\$18,422,559
- MSCI (PROSAMI) Cost Sharing:	\$ 6,886,660
- MSCI (PROCIPOTES) Cost Sharing:	\$ 253,653
- CARE Cost Sharing:	\$6,968,307

## X. LESSONS LEARNED

The list below highlights some of the lessons learned throughout the course of this Health SO:

- Community involvement and the use of *promoters* and other community health personnel have proven essential to the success of all interventions.

- To ensure the sustainability of USAID's interventions in the health sector, MOH personnel must take ownership of activities from conception through implementation.
- Supervision at all levels of the MOH is crucial to the success and sustainability of USAID-supported interventions.
- Water and sanitation projects that depend on community involvement or other partners require adequate time to negotiate and implement. Hastily implemented projects without the full participation of or ownership by the community may take longer to complete and are less sustainable.
- In most of the interventions if there are no adequate supplies and equipment, the activity becomes difficult to implement and impact can not be achieved.
- The constant turnover of MOH personnel hinders the sustainability of a program.

# **XI.**

# **ANNEXES**

# ANNEX A

## LIST OF EVALUATIONS, ASSESSMENTS, AND STUDIES CONDUCTED DURING THE LIFE OF THE SO

	<b>Evaluation/Study Subject</b>	<b>When</b>	<b>Done by</b>
1	Potable Water and Sanitation an Experience to Share	November1999	CARE/PROSAGUAS
2	PROSAGUAS external mid-term evaluation	May 2000	EHP Eddy Perez Harold Lockwood Patricia Martin Morris Israel, USAID/W
3	National Demographic and Health Survey (FESAL)	1998	Salvadoran Demographic Association (SDA) with the assistance of the Centers for Disease Control and Prevention (CDC).
4	National Demographic and Health Survey (FESAL)	2003	Salvadoran Demographic Association (SDA) with the assistance of the Centers for Disease Control and Prevention (CDC).
5	Assessment of sustainability: USAID Population Assistance to the Salvadoran Demographic Association (SDA)	May 2002	John Coury and Luis Hernandez (POPTECH)
6	Impact of the introduction of water and sanitation at the community level as a contribution to the food security and nutrition of the population	June 2000- November 2002	INCAP (Guatemala) CARE/El Salvador (PROSAGUAS)
7	National TB Program external assessment	November 2001	TBCTA
8	HIV/AIDS surveillance external situation analysis	January 2002	Bernie Branson, CDC



	<b>Evaluation/Study Subject</b>	<b>When</b>	<b>Done by</b>
9	Rapid Assessment on El Salvador's Contraceptive Security	February 2001	Mark Rilling, CLM/USAID/Washington Lisa Luchsinger, CLM/USAID/Washington Nora Quesada, DELIVER (John Snow, Inc.)
10	Rapid Assessment and Proposal - Commercial Marketing Strategies (CMS)	May 2001	Kelly Wolf, CMS
11	MOH training evaluation	July/August 2002	Development Associates
12	SALSA/SO3 evaluation assessment	October-November 2002	Merri Weinger (GH; environmental health and behavior change) John Austin (GH; water/san/environ) Mary Vandenbrouke (GH; HIV/AIDS) Laurie Cobb (POPTECH; RH; teamleader) Karen Cavanaugh (GH; reform and financing)
13	Baseline and best practices assessment of seven SIBASIs in El Salvador	December 2002	Eric Seiber
14	School Desertion and Adolescents Reproductive Health in El Salvador	December 2005	POLICY
15	Nutritional Situation of Children Under Age 5, Women in Fertile Age and Lactating Women in El Salvador	June 2005	POLICY
16	Effect of Birth Intervals on Infant and Child Mortality in El Salvador	June 2005	POLICY
17	Knowledge and skills of MOH health promoters on family planning counseling	September 2005	PRIME
18	Knowledge and skills of traditional midwives on family planning counseling	September 2005	PRIME
19	Hospital Sepsis Study in five major MOH hospitals in El Salvador	September 2005	POLICY
20	Birth Plan Strategy Evaluation	July 2005	PRIME
21	Mother Baby Package Evaluation	August 2004	BASICS
22	SIBASIS evaluation	July 2005	PHR Plus
23	Formative Research on Practices on the Use of Iron	July 2005	BASICS
24	Evaluation of Breastfeeding Program	Julio 2005	BASICS
25	Health Systems Support Project (APSISA) Evaluation	December 1993	External Consultants

	<b>Evaluation/Study Subject</b>	<b>When</b>	<b>Done by</b>
26	2o. Censo Nacional de Talla en escolares de primer grado	2000	Donors (principally USAID)
27	Analysis of the implementation process of the IMCI Strategy	Dec. 2003	BASICS II
28	SIBASI Baseline	2002	PHR (+)
29	Sexual Abuse in Children and Adolescents Pregnancies	May 2005	POLICY
30	Preventive and risk associated conditions to respiratory infections and diarrhea diseases in Salvadoran children	May 2005	POLICY
31	Associated factors to stigma and discrimination towards people living with HIV/AIDS in El Salvador	May 2005	POLICY
32	Socio-demographic and socio-economic factors related to HIV/AIDS knowledge and their association with positive and preventive practices among Salvadoran adolescents	May 2005	POLICY
33	Infant malnutrition associated factors	May 2005	POLICY
34	Family Health Services Project No. 519-0363 Mid-Term Evaluation	June 1993	CCC
35	Evaluation of Gender utility PROECICIA SP as a biocontroler of water studies of the AEDES AEGYPTI	January 2004	AED
36	Evaluation to determine the Chlorine concentration in water after carrying out the “untadita total” in different types of containers	December 2003	AED
37	Developing a behavior change strategy for the prevention of dengue in El Salvador	August 2002	AED
38	Hacia una mayor cobertura en salud: contratacion de ONG en El Salvador	2004	PHR(+)
39	Evaluacion de la descentralizacion administrativa financiera del Ministerio de Salud	Febrero 2003	PHR(+)

# **ANNEX B**

## **LIST OF AGREEMENTS THAT HAVE BEEN CLOSED PER ADS 202.3.10.1**

- 1. Family Health Services Project No. 519-0363**  
**Cooperative Agreement No. 519-A-00-90-408-00**  
**Implementer:** Salvadoran Demographic Association (SDA)  
**Amount:** \$27,495,533.40  
**Period:** July 31, 1990 – June 30 1999
  
- 2. Maternal Health and Child Survival (PROSAMI) Project No. 519-0367**  
**Cooperative Agreement No. CA-519-0367-A-00-00188-00**  
**Cooperating Agency:** Management Sciences Corporation International (MSCI)  
**Period:** June 1990 – December 1998  
**Amount:** \$32,356,029.00
  
- 3. Chicos Integrados por Trabajo, Educación y Salud (PROCIPOTES)**  
**Project No. 519-0420**  
**Cooperative Agreement No. 519-0420-G-00-4111-00**  
**Cooperating Agency:** Management Sciences Corporation International (MSCI)  
**Period:** September 1994 – December 1998  
**Amount:** \$1,905,500

# ANNEX C

## NAMES OF INDIVIDUALS DIRECTLY INVOLVED IN THE PLANNING, ACHIEVING, ASSESSING AND LEARNING OF THE SO

### USAID

Raul Toledo  
Margarita de Lobo  
Jose Antonio Ramos Chorro  
Maricarmen de Estrada  
Ana Cristina Mejia  
Ileana de Parraga  
Martin Schulz  
Jack Dale  
Alba Amaya  
Meri Sinnitt  
Terrance Tiffany  
Connie Johnson  
Karen Welch  
Mary Vandenbroucke  
Peggy Marshall  
John Austin

### MOH

Eduardo Interiano  
Jose Lopez Beltran  
Herbert Betancourt  
Guillermo Maza Brizuela  
Patricia Portillo de Reyes  
Alcides Urbina  
Carlos Rosales  
Carlos Melendez  
Haydee de Escobar  
Maria Elena Avalos  
Genoveva Morales  
Rodrigo Siman  
Julio Garay  
Jorge Cruz Gonzalez

### ADS:

Jorge Hernandez Isussi  
Jose Mario Caceres  
Samuel Castro  
Rafael Avendano

# **ANNEX D**

## **ACTIVITIES AND IMPLEMENTING PARTNERS CLOSE-OUT REPORTS**